no longer have to blame themselves "for fostering the illness in their children by their supposed emotional coldness and inconsistent discipline" (page 14). But in this regard there is a slight tension in this book between different contributions. For the book ends with Troy Duster's chapter, which emphasises the danger that genetic test results might lead to the blaming of parents as the genetic source of their child's disease—children sometimes refer to their genetic disease as something their parents gave them—and I fear that this question of guilt and blame will be even more important in the future, also as far as schizophrenia is concerned. Provided that no cure is found for this disease, may not parents in the future who knew they had the gene for schizophrenia have to explain why they brought children into the world?

These questions and many others could do with a more systematic treatment than is the case here, but once again, that is not the ambition of this particular volume.

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Ageing, Autonomy and Resources

Edited by A Harry Lesser, Aldershot, Ashgate, 1999, x + 245 pages, £39.45 (hb).

We should be passionate about the elderly. This book contains, albeit with the occasional lull, some passion, adroit philosophical argument and fascinating social and political insights. It originates from a conference in 1992 and, despite talk of Mrs Thatcher, the book has aged well. The first half deals with autonomy in the elderly; whilst the second considers the allocation of scarce resources. The shift from ethics, via clinical practice, to economics and politics is effected with little effort, precisely because of the book's passion. For it deals with real problems that affect individuals and nations.

I wonder if autonomy was a Thatcherite notion?! We loved it in the individualistic 1980s, but its appeal has lessened. It does not solve all our problems and is, perhaps, a hindrance to some elderly people. Dunn links it to being human and to human needs. I am sure autonomy relates to being human, but (as Lamb recognises) so does dependency. The human need, for love, respect and dignity, is more strongly indicative of our dependency than of our autonomy. The real focus here, I suggest, should be on the person, not on autonomy.

Hostler provides a rigorous analysis of personal development and what it might mean in old age. It is worth noting his important final point, that our models might determine the facts we can see. Models can be limiting, whereas our everyday concepts have more breadth. And Chadwick suggests, surely rightly, that "ageing" is multifaceted. It struck me that we need deeper unpacking of the notions being considered: what can we say about the person, about models, or the everyday use of concepts?

Gavin Fairbairn's clear use of everyday concepts, however, is counterintuitive, if not perverse. Allowing someone to die, he says *deals* death. Well, they certainly die if we allow them; and death is a consequence of our allowing them. But in what sense do we *deal* them death? They just die. Furthermore, according to Fairbairn, killing might *venerate* life. Sure, it might end suffering, but only by ending life. It perverts language, however, to suggest that aiming to end life somehow respects it. This is to venerate *death* and that will not go down well in the dock.

I was more impressed by the clinical insights of Winner and Herzberg. I take comfort from Winner's assertion that: "A good clinical service is one that has a small but definite incidence of discharges that go wrong" (page 65). We should be on the side of vulnerable elderly people, even if this involves some risks. Especially if, as Herzberg describes, the alternative is to sit forlornly "staring blankly at a budgerigar or television" (page 73).

Attfield repeats his point, made previously in this journal, that our moral obligations in medical ethics have an international aspect. The point seems cogent, but its punch is softened by inequity at home. Paul Johnson teases out the complications surrounding lack of fairness in the distribution of economic resources. As we await the report by the royal commission on long term care, his discussion of intergenerational transfers is illuminating, if disconcerting. Seemingly, what it is right to do might just have to reflect what is possible. But that conclusion deserves more philosophical scrutiny. As Cribb asserts, moral and political decisions on this macro level are decisions about what kind of society we want to live in. This will depend upon individual concrete choices. What we should not do, however, is choose "to devalue the latter part of a normal life span" (Leaman, page 186).

Institutions which deal with the elderly should certainly invest in this book. The issues it deals with are crucial: not least of all, the issue of ageism. In his own chapter, Lesser convincingly declares that, in dealing with questions concerning the rationing of treatment, although the effects of ageing might be relevant, chronological age is not. He concludes, passionately and appropriately: "we should be tough-minded and unsentimental, and resist the temptation to do what will almost certainly do no good, simply because we feel we must do something. But we should not pretend that easing or extending a person's final years, or months, or even days, is 'doing no good!'" (page 211).

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Bioethics: A Christian Approach in a Pluralistic Age

Scott B Rae and Paul M Cox, Grand Rapids, Michigan and Cambridge, UK, Eerdmans, 1999, x + 326 pages, $24.00/£15.99.

In a morally pluralist, or in Alasdair MacIntyre's terms "morally fragmented", society it seems almost inevitable that people engaging with issues of bioethics should operate within something like John Rawls's idea of an "overlapping consensus"—the area in which there is broad agreement between people with different comprehensive worldviews, and in which they are able and willing to operate with the shared criteria of what Rawls calls "public reason". There are, of course, those who are uneasy about this approach, usually because they see moral fragmentation as being more pervasive and consensus more difficult to achieve, than the Rawlsians believe. From opposite wings Alasdair MacIntyre and Tristram Engelhardt join forces to question the viability of the liberal consensus.

There are, of course, problems with an overlapping consensus. People with religious convictions often feel that the

part of their comprehensive worldview that is outside the "overlap" includes the most constructive and important contributions that their beliefs have to offer. They are convinced they have distinctive insights and truths that should affect practice in positive ways. They want to contribute these to public debate because they consider them valid and true, but they often feel that this is not allowed. Theologians who operate in terms of natural law or believe in a rational common morality, have little difficulty in operating in bioethics along with others; similarly, a number of theologians, mostly Protestants such as Paul Ramsey, James Gustafson and Stanley Hauerwas, have eschewed natural law, but engaged very constructively in debates on bioethics.

Rae and Cox are Bible-based evangelicals who attempt to move directly from the Bible and biblical narratives to bioethical conclusions in ways that are sometimes rather problematic, even to other theologians. It is not easy, for example, to see how poetic biblical statements about God "knowing" people in the womb, or being involved in conception really lead to the conclusion that "the fetus is a person with full attendant rights (page 176). Is it really true that the Bible attributes *personhood* to the unborn from the beginning of pregnancy? As far as I can make out, the Bible does not in fact address this question, or make unambiguous and universal assertions one way or another. It is perhaps good to remember with embarrassment that the Genesis 3 account of the Fall as the origin of the pains of childbirth was sometimes used as a justification for denying pain relief to mothers in labour.

In other places Rae and Cox argue more theologically, and assert that fundamental to a Christian approach are general revelation, common grace, and the dominion mandate at creation. This brings them very close to natural law thinking. And this is indeed where they come out, with sensible procedures for handling bioethical quandaries, and some well-argued positions on euthanasia, physician-assisted suicide and abortion. Sadly, their brief treatment of the appalling injustices of the American health care system does not lead to a sustained biblical or theological critique, or any suggestion that things might be different.

Two concluding comments: First, the authors give little if any indication of how their "distinctive biblical insights" might commend themselves to others in a pluralistic situation. This is a pity, because others, like Bill May or Paul Ramsey, have shown interestingly, for example, how biblical concepts such as covenant may helpfully illumine the doctor-patient relationship. In bioethics today there is a widespread openness to well-argued insights from wherever they may come. We all perhaps still need to learn how best to conduct medical ethical debate in the condition of today's pluralism, and here Rae and Cox's careful accounts of views and cases can be valuable. Second, Rae and Cox seem rather reluctant to face head-on the ethical ambiguity sometimes involved in the practice of medicine. In some situations there is no clearly right or good way forward; one has to act without the assurance of the rightness of the action. Perhaps it is precisely at the point of ambiguity that the most important contribution of theology is to be made.

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